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Five-Year Action Plan to Increase the Vitality of Atlantic Canada's Acadian and Francophone Communities (2007-2012)

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Five-Year Action Plan to Increase the Vitality of Atlantic Canada's Acadian and Francophone Communities (2007–2012)

Final Report Presented to the Public Health Agency of Canada, Atlantic Region (PHAC Atlantic)

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Table of Contents

I Introduction 3
1.1 Mandate 3
1.2 Canada's Official Languages Policy and PHAC Atlantic: Context 3
1.3 Objectives and Methodology 4

II Overview of the Public Health Agency of Canada 6
2.1 PHAC – National Perspective 6
2.2 PHAC – Atlantic Region 7

III Portrait of Atlantic Canada's Acadian and Francophone Communities 8
3.1 Newfoundland & Labrador 9
3.2 Prince Edward Island 11
3.3 Nova Scotia 12
3.4 New Brunswick 13

IV Results of Interviews with Atlantic Canada's Acadian and Francophone Communities 15
4.1 Relations between ACAFCs and PHAC Atlantic 15
4.2 The Public Health Needs and Challenges of ACAFCs 16
4.3 Suggested Methods for Consulting ACAFCs 18
4.4 Suggested Methods for Contributing to the Development and Growth of ACAFCs 18
4.5 Desired Roles of PHAC Atlantic from the Perspective of ACAFCs 19

V Action Plan for Increasing the Vitality of ACAFCs (2007–2012) 20
A. Awareness (in-house activities) 21
B. External Consultations 23
C. Communications 25
D. Co-ordination and Liaison 27
E. Program and Service Funding and Delivery 29
F. Accountability 32

Appendix 1: Companion Document and Survey Questionnaire 33
Appendix 2: List of Organizations Consulted by Province 38
Appendix 3: Key Determinants of Health 39
Appendix 4: Complete List of Some Answers to the Survey Questionnaire by Province 40

I
Introduction

1.1 Mandate

The Canadian Institute for Research on Public Policy and Public Administration (hereafter the Institute) was given a mandate by the Public Health Agency of Canada, Atlantic Region (hereafter PHAC Atlantic) to consult Atlantic Canada's Acadian and Francophone Communities (ACAFCs)[1] to develop a five-year Action Plan (2007–2012) in support of ACAFCs that is complete, strategic, innovative, multidimensional, executable and appraisable. The Action Plan will be used to guide PHAC Atlantic in its efforts to create connections between its various sectors of responsibility and ACAFC priorities, as well as strengthening long-standing relationships and creating new ones with new stakeholders concerned with the health of ACAFCs.

1.2 Canada's Official Languages Policy and PHAC Atlantic: Context

The development of PHAC Atlantic's five-year plan falls within the application of section 41 of the *Official Languages Act*, which aims to protect the language rights of Canadians in their dealings with federal institutions. Section 41 of the *Official Languages Act* of 1988 states that "the federal government is committed to enhancing the vitality of the English and French linguistic minority communities in Canada and supporting and assisting their development, as well as fostering the full recognition and use of both English and French in Canadian society." The Government of Canada has implemented administrative measures designed to have Part VII of the *Official Languages Act* implemented by a certain number of its institutions. In 1994, Cabinet approved an "accountability framework" that obliged 27 federal departments and agencies to take specific measures based on their programs and departmental mandates. This framework targets federal institutions working in key sectors in the development and vitality of official language minority communities (OLMCs). Pursuant to this accountability framework, there are now 32 federal departments and agencies, including the Public Health Agency of Canada, that have been named and that must prepare an annual or multi-year action plan setting out the measures that will help them to fulfill their commitment towards OLMC development. These action plans, developed after consultation with OLMCs to identify their particular needs in planning their activities, are presented to the Department of Canadian Heritage, which includes an official languages status report in its annual report to Parliament.

In reviewing the *Official Languages Act* in November 2005, the Canadian Parliament gave all federal departments and institutions, through section 41(2), the responsibility of taking "positive measures" to support OLMC development and to foster linguistic duality in Canadian society. Bill S-3 (An Act to amend the *Official Languages Act*) also set out the mandatory nature of

[1] When referring to the French-language communities of the Atlantic provinces, we use the acronym ACAFC rather than OLMC (official language minority community), since it is more specific to the region.

section 41. In the absence of regulations, each department or agency must state in its action plan how it intends to participate in the development and vitality of OLMCs.

Since 2000, PHAC Atlantic has been engaging in measures to increase access for ACAFCs and improve its relations with these communities. In 2001, PHAC Atlantic (known at the time as the Population and Public Health Branch) unveiled its *Action Plan for Addressing Health Issues of Acadians and Francophones in Atlantic Canada*. This action plan, which outlines the commitment of PHAC Atlantic with respect to Part VII of the *Official Languages Act*, is the result of a regional consultation process that included the participation of Acadian and Francophone agencies from the four Atlantic provinces. This five-year plan has now expired.

Major organizational changes have taken place at PHAC Atlantic since the first action plan was adopted in 2001; among other things, the organization has a new name, a redefined mission and vision and changed roles. Parallel to these in-house changes, the surrounding context changed enormously, notably with the implementation of "Société Santé en français" networks, a national group with the goal of promoting the development of health in French for Canada's Acadian and Francophone minority communities. As a result, the arrival of new health care players and developments in public health issues have greatly affected regional dynamics. These realities, coupled with new requirements following the adoption of Bill S-3, justify an updated action plan for PHAC Atlantic to support ACAFCs.

1.3 Objectives and Methodology

The Institute had two objectives for this exercise: one was to identify the primary needs and challenges of ACAFCs in promoting public health, and the other was to obtain the viewpoint of these communities on access to programs and the delivery of PHAC Atlantic programs and services. To achieve these goals, the Institute needed to meet with key community organizations and engage in dialogue with current and potential PHAC Atlantic partners. The current action plan was created based on individual interviews with 65 organizations representing the interests of ACAFCs in health promotion and public health. These interviews were semi-directed and guided by a pre-established survey questionnaire. To facilitate the interview process, respondents received in advance, in addition to the questionnaire, a companion document explaining the objectives of the exercise and providing an overview of PHAC Atlantic and its programs and activities (see Appendix 1).

The people and agencies to be interviewed were identified in co-operation with PHAC Atlantic. In total, 65 people working in ACAFCs were interviewed between February and April 2007, including 27 in person and 38 over the phone. Table 1 provides the distribution of respondents by province. The vast majority of these people are from a variety of organizations representing the ACAFC, in addition to some representatives of federal or provincial departments.[2] We requested the participation of 75 agencies in total, which produced an overall participation rate of 87%.

[2] See Appendix 2 for the complete list of organizations consulted.

Table 1: Number of respondents, by province

	Number Solicited	Number of Respondents #	% of Total	In Person	By Phone
Newfoundland & Labrador	10	8	80%	3	5
Prince Edward Island	16	15	94%	8	7
Nova Scotia	14	11	79%	6	5
New Brunswick	35	31	89%	10	21
Total	**75**	**65**	**87%**	**27**	**38**

All respondents who participated in the interviews—and, consequently, who contributed to the content of the current action plan—were given the opportunity to participate in two of the action plan's validation phases, the first in writing, using a validation chart, and the second via conference call. The validation stage allowed participants to express their opinions on how much importance they place on the activities proposed in the plan, as well as on the implementation schedule. Furthermore, respondents were invited to add any additional results/activities and comment on the general content of the action plan. A total of 30 organizations out of 65 participated in the first phase of the validation by completing and returning the chart.

The purpose of the conference calls was to give the agencies that participated in the interviews the opportunity to verbally express their viewpoints and concerns on the content of the draft action plan. Seven organizations agreed to participate in the conference calls (two conference calls took place). It is important to point out that 5 of these organizations had also participated in the written validation phase. Thus, a grand total of 32 organizations (49%) participated in the validation process, 15 in New Brunswick, 7 in Nova Scotia, 7 in Prince Edward Island and 3 in Newfoundland & Labrador. The validation phase, as well as confirming the validity of the large majority of the elements in the first draft of the action plan, resulted in the addition of some new activities and some clarifications.

Based on the information collected during the interviews, the Institute developed the current five-year action plan for PHAC Atlantic. This action plan is a reflection of what the Institute heard from stakeholders in the Acadian and Francophone communities of the four Atlantic provinces it interviewed. The action plan that the Institute produced and presented to PHAC Atlantic will help to guide PHAC Atlantic's future actions with ACAFCs. PHAC Atlantic has supported the Institute throughout the process by providing objective and regular feedback and by demonstrating sustained interest in the plan. Once the final version of the plan is submitted by the Institute (including the companion report), it is expected that PHAC Atlantic will revise and translate the document and prepare a formal response.

II

Overview of the Public Health Agency of Canada

2.1 Public Health Agency of Canada – National Perspective

In September 2004, the Public Health Agency of Canada (PHAC) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect and promote the health and safety of all Canadians, to increase its focus on public health and to contribute to improving health and strengthening the health care system.

In December 2006, the *Public Health Agency of Canada Act* came into force. The Act formally establishes the position of the Chief Public Health Officer and recognizes the CPHO's unique role as deputy head of the Agency, public health adviser to the Minister and Canada's lead public health professional. In the federal government's efforts to renew the public health system in Canada, these actions marked the beginning of a new approach to federal leadership and collaboration with the provinces and territories.

The Agency's Vision is one of "Healthy Canadians and communities in a healthier world." Its Mission is to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

In collaboration with its partners, the Agency's primary role is to lead federal efforts and mobilize pan-Canadian action in preventing disease and injury and promoting and protecting national and international public health through the following.

- Anticipate, prepare for, respond to and recover from threats to public health (emergency preparedness and response);
- Carry out surveillance, monitor, research, investigate and report on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- Use the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Provide public health information, advice and leadership to Canadians and stakeholders; and
- Build and sustain a public health network with stakeholders.

2.2 Public Health Agency of Canada – Atlantic Region

PHAC Atlantic undertakes a broad range of activities to help improve health conditions of Atlantic Canadians, using a social inclusion approach, with a particular focus on specific population groups at risk and on official language minority communities. Thus, its activities reflect the national Agency's vision, mission and mandate. As well, PHAC Atlantic maintains a commitment to involve the public in program and policy development and implementation through partnerships, public education initiatives and the facilitation of capacity building in urban and rural communities.

Emergency Preparedness and Response

An important and emerging role for the Agency, at the national and regional levels, is in the area of public health emergency preparedness and response. PHAC Atlantic partners with Health Canada, other federal departments, the provinces, international organizations and the voluntary sector to identify, develop and implement preparedness planning priorities and to develop public health emergency response plans.

These regional activities are consistent with the Agency's national approach to health emergency management that respects each jurisdiction's specific characteristics and priorities, and supports the Government of Canada's national readiness and response system.

Health Promotion and Chronic and Infectious Disease Prevention

PHAC Atlantic administers federally funded public health promotion programs in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island. Working with government departments and organizations both inside and outside the health sector, the Agency aims to impact positively on the determinants of health and on the population's health status by contributing to the following areas:

- Research, evaluation, information synthesis and exchange
- Intersectoral collaboration
- Policy and program development
- Community-based capacity building
- Public and professional education

Funding programs offered by the Public Health Agency of Canada include:

- Aboriginal Head Start
- AIDS Community Action Program
- Canada Prenatal Nutrition Program
- Community Action Program for Children
- Diabetes Prevention and Promotion Contribution Program
- Hepatitis C Prevention, Community Support and Research Program
- Population Health Fund
- Healthy Living Fund

III

Portrait of Atlantic Canada's Acadian and Francophone Communities

Atlantic Canada's Acadian and Francophone Communities have a long-established distinct identity and a network of effective institutions, but they are not a homogeneous group, and the implementation of an action plan must, therefore, take into account the regional, provincial and even local variations within the same province, as well as the individuality of certain groups and their sector needs within the Atlantic Francophone communities (infants, seniors, women and children, to name just a few).

In the 2001 Census, 287,435 people in Atlantic Canada indicated that French was their mother tongue. The vast majority identify themselves as Acadian or descendants of the first French colonists who settled in the region more than 400 years ago. The Acadian and Francophone population represents 12.7% of the total population of Atlantic Canada. The largest concentration of Francophones is in the northern areas of New Brunswick, but there are also Acadian and Francophone communities in Newfoundland & Labrador (notably in the region of St. John's, the peninsula of Port au Port and in Labrador City), in Prince Edward Island (the regions of West Prince, Evangeline, Summerside/Miscouche, Rustico and Charlottetown) and in Nova Scotia (the regions of Clare–Argyle, Cape Breton and Halifax). Acadians constitute the majority of the regional population in certain regions, particularly in the north and southeast regions of New Brunswick (for example, they represent more than 80% of the population in the counties of Madawaska, Gloucester and Kent), the Evangeline region of Prince Edward Island and Clare County in Nova Scotia. However, more than 25% of Atlantic Acadians and Francophones live in English-dominant communities.

The official language minority communities of almost all Canadian provinces and territories have a strategic development plan (SDP, officially known as a *plan de développement global* in French). These documents report on the development priorities of communities, guide day-to-day efforts and allow them to plan for the future and for their development. This development tool allows each official language minority community to share the same vision and present the major issues of each community to governments in a co-ordinated and consistent manner. ACAFCs in each province of Atlantic Canada, with the exception of Newfoundland & Labrador, have announced an SDP outlining their strategic directions.[3] The delivery of primary health care—ie, anything inherent to healing or associated with care provided directly by a health care professional—generally occupies a dominant place in the SDPs; however, promotion, prevention, public health and well-being are still important in Prince Edward Island, Nova Scotia and New Brunswick.

Health care is still a relatively recent issue for ACAFCs. In short, these communities are just starting to get organized in terms of health care and public health. In 2002, the establishment of the Société Santé en français network greatly contributed to their mobilization in this regard. The Société Santé en français, a national group of networks with the goal of promoting health development in French for minority Acadian and Francophone communities, currently includes 17

[3] To the best of our knowledge, the final version of the SDP for Newfoundland & Labrador has not been completed.

regional, provincial and territorial networks, including 5 in Atlantic Canada: Newfoundland & Labrador's Réseau de santé en français, Prince Edward Island's Réseau des services de santé en français, Réseau Santé Nouvelle-Écosse and the 3 member networks of the Société santé et mieux-être en français of New Brunswick (Réseau-action Communautaire, Réseau-action Organisation des services and Réseau-action Formation et recherche).

In 2004, the member networks of Société Santé en français initiated an extensive project to identify the needs of the minority Francophone communities and plan primary health care services. Called *Setting the Stage*, this Health Canada-funded initiative was conducted in partnership with provincial and territorial governments and decision-making bodies. It targets two areas for action: increasing access to health care services in French (which includes the development of health promotion and illness prevention programs to improve overall health and health management among individuals and communities) and increasing the availability of health care professionals who can speak French.

Each province and territory participating in the *Setting the Stage* project developed a plan with the following three elements: a review of the situation, exploring the options and an action plan to improve services for the Francophone population. In Atlantic Canada, the networks of the four provinces developed their respective planning within the framework of *Setting the Stage.*[4] The Newfoundland & Labrador, Prince Edward Island and Nova Scotia networks focussed their planning more on access to care and primary health care services in French. The plan of New Brunswick's Société santé et mieux-être en français is somewhat different from the plans of the other Atlantic provinces, in that it goes beyond the national objective by also incorporating elements that influence health determinants and results related to the well-being of the province's Acadian and Francophone population.

Below is a brief overview of the Acadian and Francophone communities of each Atlantic province.[5]

3.1 Newfoundland & Labrador

According to the 2001 Census, Newfoundland & Labrador has 2,515 people with French as their mother tongue, or 0.5% of the province's population. These Francophones are concentrated in three main hubs: the Port au Port Peninsula (the southwest side), the metropolitan region of St. John's (Avalon Peninsula) and Labrador. These three hubs, although they contain approximately the same number of Francophones (between 600 and 700), are fundamentally very different. Approximately 3 out of 10 Francophones in the province live on the Port au Port Peninsula. They depend largely on resource development. On the other hand, Francophones from the Avalon Peninsula are concentrated in the greater St. John's area. This population is much more diverse and comprises many Francophones from elsewhere (notably outside the Atlantic provinces, from French Canada and from Saint Pierre et Miquelon). Finally, the French-speaking communities of Newfoundland include Francophone communities in Labrador, notably the mining towns of Labrador City/Wabush and the military base at Happy Valley/Goose Bay, which maintain particularly close ties with Quebec.

[4] Only a summary of the Réseau santé en français for Newfoundland & Labrador plan could be consulted.
[5] Some of the information on the Acadian and Francophone communities presented here was taken from the profiles created for the Fédération des communautés francophones et acadiennes du Canada. See: http://www.fcfa.ca/.

The Francophones of Newfoundland & Labrador tend to be more educated than the Anglophones in the province, except that the level of education is generally lower in rural regions. The proportion of Francophones with at least nine years of schooling is, for the most part, the same as Anglophones, which would give comparable indicators of literacy levels.[6] Average income for Francophones is also higher than for Anglophones, and the unemployment rate is lower. However, there are proportionally fewer Francophones in the category 19 years and under and more Francophones in the category 65 years and older, a sign of an aging population. Language transfer is the tendency of speakers to speak a language other than their mother tongue more often at home. Given that the language spoken in the home is often the language passed on to children as their mother tongue, this statistic might provide an overview of mother tongue vulnerability (without necessarily indicating abandonment of the language). At 63%, the language transfer rate among Francophones in Newfoundland & Labrador is one of the highest among Canadian provinces and territories. Finally, we emphasize that more than half of the Francophone population of Newfoundland & Labrador was born outside the province, the majority in Quebec.

To the best of our knowledge, the final versions of the SDP and the *Setting the Stage* initiative for the Francophone community of Newfoundland & Labrador have not yet been completed.

Table 2: Selected characteristics by mother tongue, Newfoundland & Labrador, according to the 2001 Census

	French	English
Population by age group		
19 years and under (%)	14%	25%
20 to 64 years (%)	70%	63%
65 years and older (%)	16%	12%
Median age (years)	45	38
Level of education completed, population 15 years and older		
Less than 9 years of education (%)	14%	15%
University degree (%)	17%	9%
Unemployment rate (%)	16%	22%
Average income ($)	28,329	22,061
Language transfer rate (%)	63%	N/A

[6] The Canadian component of the International Adult Literacy and Skills Survey gives statistics on the linguistic minorities of four provinces only (New Brunswick, Quebec, Ontario and Manitoba). While not an accurate indicator, Statistics Canada believes that the number of years of schooling still provides an indication of an individual's current or past exposure to writing. In the absence of accurate data on literacy levels for all Atlantic provinces, here we have used the traditional threshold of functional literacy developed by UNESCO, which is the ninth year of schooling.

3.2 Prince Edward Island

In 2001, the Acadian and Francophone community of Prince Edward Island had 6,110 people with French as their mother tongue, or 4.6% of the province's total population. Six regions on the island have a large concentration of Acadians and Francophones: Charlottetown, Evangeline, West Prince, Summerside/Miscouche, Rustico and East Kings. Each of these regions has a school community centre that also serves as a cultural development tool. Almost 70% of Francophones in the province live in the county of Prince, ie the western part of the island (the regions of Evangeline, West Prince and Summerside/Miscouche). The island's Acadian community is essentially rural and its economy is, for the most part, resource based. Compared to the Anglophone majority, Acadians and Francophones are generally older, with the percentage of those 65 and older being higher than those 19 and under. They are also less educated. In 2001, 23% of Islanders whose mother tongue is French had not completed Grade 9, which might be an indicator of a high illiteracy rate. Their average income is slightly lower than the Anglophone majority, while the unemployment rate is identical. The Francophone population is very well established, since approximately 75% of Acadians were born in the province. Furthermore, the language transfer rate among French-speaking islanders was 53% in 2001.

Social and economic welfare is one of the strategic directions of the strategic development plan for the Acadian and Francophone community of Prince Edward Island. More precisely, one of the objectives is to improve the population's quality of life so that they have the services, programs and tools that meet their health and recreational needs. In conjunction with its action plan, unveiled in 2006 as part of the *Setting the Stage* initiative, the Réseau des services de santé en français of Prince Edward Island recommended that the provincial ministry of health improve services in French in the fields of health promotion and primary care in the six Acadian and Francophone communities through the use of family health centres.

Table 3: Selected characteristics and mother tongue, Prince Edward Island, according to the 2001 Census

	French	English
Population by age group		
19 years and under (%)	16%	28%
20 to 64 years (%)	62%	59%
65 years and older (%)	22%	12%
Median age (years)	48	37
Level of education completed, population 15 years and older		
Less than 9 years of education (%)	23%	10%
University degree (%)	10%	11%
Unemployment rate (%)	13%	13%
Average income ($)	23.650	23,718
Language transfer rate (%)	53%	N/A

3.3 Nova Scotia

In 2001, the Acadian community of Nova Scotia had 36,745 people with French as their mother tongue, or 4.1% of the province's total population. Acadians are concentrated in three main regions: Cape Breton, the province's southern coast and the greater Halifax area. These three regions account for approximately 80% of Francophones in the province. They form the majority in two of the eight municipalities in the counties of Digby and Yarmouth, which are Clare and Argyle. In Cape Breton, large concentrations of Francophones are located in the county of Inverness (notably in Chéticamp) and on Île Madame, and to a lesser degree in the Sydney region. The Francophone population of Nova Scotia is essentially rural, except that almost one third lives in the grater Halifax area and just over 1,000 in the regional municipality of Cape Breton (Sydney). Both urban regions have a school community centre. The median age of Acadians in Nova Scotia is distinctly higher than the Anglophone majority. In fact, the percentage of Francophones aged 65 and over is higher than the percentage of those 19 and under. Although generally less educated, the average income of Francophones is higher than the income of Anglophones. With regard to literacy indicators, we know that 17% of Nova Scotians of French mother tongue had not completed Grade 9, ie almost twice the rate of Anglophones. Finally, they are well established, owing to the fact that approximately 70% of Acadians in Nova Scotia were born in the province. The language transfer rate among the Francophone population of Nova Scotia was 46% in 2001.

The Acadian and Francophone community of Nova Scotia identified health and well-being as a sector for intervention in its strategic development plan. Promoting the well-being of the Acadian population in Nova Scotia is now a strategic priority. The objective is as follows: "In partnership with health and welfare stakeholders, make health and well-being awareness and promotion programs available in French." The Réseau Santé Nouvelle-Écosse announced its planning within the framework of *Setting the Stage* in the spring of 2006. Planning is focussed more on improving access to primary health care in French, but the Network also recommends the creation, maintenance and promotion of an exchange centre for materials, services and resources in French, notably through an existing Health Promotion Clearinghouse in Nova Scotia.

Table 4: Selected characteristics and mother tongue, Nova Scotia, according to the 2001 Census

	French	English
Population by age group		
19 years and under (%)	13%	26%
20 to 64 years (%)	67%	61%
65 years and older (%)	19%	13%
Median age (years)	46	38
Level of education completed, population 15 years and older		
Less than 9 years of education (%)	17%	9%
University degree (%)	13%	14%
Unemployment rate (%)	10%	11%
Average income ($)	26,129	25,268
Language transfer rate (%)	46%	N/A

3.4 New Brunswick

According to the 2001 Census, New Brunswick has 242,070 people with French as their mother tongue, or 33.6% of the province's population. New Brunswick has the highest concentration of Francophones outside Quebec. The Acadian and Francophone population is distributed throughout the province, but four areas have a higher concentration: the northwest, the north (Restigouche), the Acadian Peninsula and the southwest. More than 90% of the Acadian and Francophone population is located in 7 of the province's 15 counties: Gloucester, Kent, Madawaska, Northumberland, Restigouche, Victoria and Westmorland. A large part of the Acadian population is grouped in small rural communities where Francophones are the majority, but an increasing number of Acadians and Francophones are located in the province's urban centres (notably Edmundston, Bathurst, Campbellton/Dalhousie and Moncton/Dieppe). The Francophone population is also increasing in cities with a strong Anglophone majority, such as Fredericton, Miramichi and Saint John, where community life revolves around school community centres. Nine out of 10 Francophones were born in New Brunswick, a sign that the Acadian and Francophone community in the province is well established. Contrary to the other Atlantic provinces, the percentage of young Francophones (19 years and under) is higher than the percentage of those 65 and older in New Brunswick. Francophones are generally less educated and on average paid less than their English mother tongue counterparts. The percentage of New Brunswickers with French as their mother tongue who did not complete Grade 9 is twice as high as the percentage of Anglophones (22% vs. 9%). This may be an indicator of a high illiteracy rate. After Quebec, New Brunswick is the province where Francophones are least likely to suffer from language transfer. The language transfer rate (10%) is far lower than in the other Atlantic provinces.

The strategic development plan for the Acadian and Francophone population of New Brunswick identifies the improvement of overall health as a focus of development. This focus is based on supporting individual and collective approaches to the health of New Brunswick's Acadian population. More precisely, the plan has three general objectives: 1) to promote and recognize health from an inclusive perspective of quality of life and well-being that fosters the overall development of Francophone New Brunswick; 2) to advocate for and ensure access to quality social, health and community services in French, in all regions of the province; and 3) to improve the social fabric of New Brunswick's Acadian and Francophone population. Within the framework of the *Setting the Stage* initiative, the Société Santé et mieux-être en français du Nouveau-Brunswick recognizes public health as a priority. In concrete terms, the priorities identified with regard to public health are as follows: capacity building in the Acadian and Francophone communities, continuing the collective and individual shift towards well-being, more effective management of chronic illness and support for improved health care management by the communities.

Table 5: Selected characteristics and mother tongue, New Brunswick, according to the 2001 Census

	French	English
Population by age group		
19 years and under (%)	22%	26%
20 to 64 years (%)	65%	61%
65 years and older (%)	13%	13%
Median age (years)	40	37
Level of education completed, population 15 years and older		
Less than 9 years of education (%)	22%	9%
University degree (%)	10%	12%
Unemployment rate (%)	14%	12%
Average income ($)	22,447	24,954
Language transfer rate (%)	10%	N/A

IV

Results of Interviews with Atlantic Canada's Acadian and Francophone Communities

4.1 Relations Between ACAFCs and PHAC Atlantic

Our methodological approach was mainly qualitative; nonetheless, it is possible to quantify certain answers. An initial finding that emerges from interviews with ACAFCs regards the low level of familiarity with PHAC Atlantic. Generally, several organizations admitted to knowing very little about PHAC Atlantic or its programs and services. In total, 22 of the 65 organizations interviewed (34%) had had contact or direct collaboration with PHAC Atlantic in the last five years.[7] Table 6 shows that respondents from provinces other than New Brunswick are much less familiar with PHAC Atlantic. Therefore, the interview conducted to develop the current action plan was, for several ACAFC representatives, their first introduction to PHAC Atlantic and its activities. Of the 22 organizations that had had previous contact with PHAC Atlantic, 19 stated that they were satisfied with the quality of services delivered in French (86%).

Table 6: Number and percentage of respondents having had contact or collaborated with PHAC Atlantic in the last 5 years, by province

NFL&L (n=8)		PEI (n=15)		NS (n=11)		NB (n=31)		Total (n=65)	
0	0%	4	27%	2	18%	16	52%	22	34%

Slightly less than one quarter of the respondents (14) stated they had been consulted by PHAC Atlantic to identify their public health needs (Table 7), while 14% stated that they were consulted on decisions affecting policies, programs and the delivery of services by PHAC Atlantic (Table 8). In both cases, the percentage of respondents consulted was much higher in New Brunswick than elsewhere in Atlantic Canada.

Table 7: Number and percentage of respondents who stated that they were consulted by PHAC Atlantic to identify their public health needs, by province

NFL&L (n=8)		PEI (n=15)		NS (n=11)		NB (n=31)		Total (n=65)	
0	0%	4	27%	1	9%	9	29%	14	21%

[7] The fact that staff turnover tends to be high among Acadian and Francophone non-profit community organizations must be taken into account. It is possible that this lack of continuity among community workers contributed to results related to past relations with PHAC Atlantic.

Table 8: Number and percentage of respondents who stated that they were consulted by PHAC Atlantic on decisions affecting policies, programs and service delivery, by province

NFL&L (n=8)		PEI (n=15)		NS (n=11)		NB (n=31)		Total (n=65)	
0	0%	1	6%	1	9%	8	26%	9	14%

Slightly less than half of the respondents (31, or 48%) felt comfortable commenting on the relevance of existing PHAC Atlantic programs and services for the Acadian and Francophone communities (see Table 9). Of that number, 15 respondents stated that PHAC Atlantic programs and services did not meet the needs and particularities of ACAFCs, for various reasons:[8] in some cases it was because existing programs and services were considered to be too universal and not adapted to the reality of ACAFCs (notably because of the rural aspect, the distance between Francophone communities and the cultural specificities of Acadians), and in other cases because funding is deemed to be too limited and too short-term to achieve long-term results. Twelve respondents (18% of the total) suggested creating a separate program for ACAFCs to fill in the gap between the needs of ACAFCs and existing programs.

Table 9: Number and percentage of respondents who expressed an opinion on the relevance of PHAC Atlantic programs and services, by province

NFL&L (n=8)		PEI (n=15)		NS (n=11)		NB (n=31)		Total (n=65)	
0	0%	6	40%	3	27%	22	71%	31	48%

4.2 The Public Health Needs and Challenges of ACAFCs

Tables 10 and 11 respectively take stock of the five primary public health needs and challenges as expressed by respondents (based on the frequency of answers). The needs and challenges vary slightly across the four provinces, except that there were notable similarities between Newfoundland & Labrador, Prince Edward Island and Nova Scotia. In these three provinces, the top issue is access to services and resources in French. These needs were mentioned less frequently in New Brunswick, where the Acadian and Francophone communities represent a larger part of the provincial population and where there have been more political and social gains. That said, the regions of New Brunswick where Acadians and Francophones are the minority (notably in urban centres such as Saint John, Fredericton and Miramichi, but also in certain isolated rural communities) expressed similar needs with regard to access to services and resources in French.

Given the low literacy levels and the fact that many Atlantic Canada Acadians and Francophones identify little (or not at all) with "standard French," the level of oral and written French used is a very

[8] The breakdown of these 15 respondents by province is as follows: 0 from Newfoundland & Labrador, 2 from Prince Edward Island, 2 from Nova Scotia and 11 from New Brunswick.

important issue for all of ACAFCs. More generally, ACAFCs have expressed the need to make communities more aware of the positive impacts of prevention.

Table 10: Primary needs of ACAFCs in public health, as mentioned by respondents, by province

NFL&L	PEI	NS	NB
1. Access to services in French 2. Access to Francophone human resources 3. Access to resources and materials in clear French 4. Strategies that take account of the remoteness of communities 5. Initiatives targeting specific groups (such as infants and youth)	1. Access to services in French 2. Access to resources and materials in clear French 3. Access to funding for projects 4. Prevention awareness-raising activities 5. Data on the health of Francophones	1. Access to services in French 2. Access to resources and materials in accessible French 3. Prevention awareness-raising activities 4. Francophone human resources in the region 5. Strategies targeting vulnerable groups (seniors, infants, youth)	1. Prevention and awareness-raising activities 2. Initiatives targeting specific groups (such as seniors, infants, youth, etc) 3. Access to resources and materials in clear French 4. Data on the health of Francophones 5. Access to services in French (in a minority environment)

Many of the public health challenges for ACAFCs are closely related to the needs expressed. Thus, access to services and resources in French, as well as adapting spoken and written language to reflect the literacy level of the individual, are major challenges in all provinces. The respondents from all provinces indicated that access to information on health promotion and on the prevention of illness is a major barrier, with too much emphasis being placed on the curative aspect. In other words, ACAFCs require assistance in identifying promotion and prevention resources. Geographic isolation and the distances separating the Acadian and Francophone communities within each province are also a challenge, particularly in Newfoundland & Labrador and in Nova Scotia. Furthermore, the lack of research and databases on the current health status of ACAFCs and on determinants of health was another obstacle mentioned many times over, as was access to funds to finance projects or initiatives.

Table 11: Primary public health challenges of ACAFCs, as mentioned by respondents, by province

NFL&L	PEI	NS	NB
1. Access to services in French 2. Access to Francophone human resources 3. Geographic isolation of Francophone communities 4. Few resources or materials in French 5. Access to information on promotion and prevention	1. Access to services in French 2. High illiteracy rate among Francophones 3. Access to Francophone human resources 4. Lack of statistics and research on the health of Francophones 5. Lack of funds to finance initiatives	1. Geographic isolation of Francophone communities 2. Access to services in French 3. Access to information on promotion and prevention 4. High illiteracy rate among Francophones 5. Lack of statistics and research on the health of Francophones	1. Access to information on promotion and prevention 2. High illiteracy rate among Francophones 3. Lack of funds to finance initiatives 4. Lack of statistics and research on the health of Francophones 5. Geographic isolation of Francophone communities

4.3 Suggested Methods for Consulting ACAFCs

Several respondents emphasized that PHAC Atlantic must make efforts to make its programs, activities and services better known in order to increase the participation of ACAFCs. To do so, respondents suggested a variety of consultation methods. The top three rated methods are as follows.[9]

i. Meeting with heads of community organizations, individually and in person, as well as any current and potential partners of PHAC Atlantic in person;

ii. Take advantage of existing networks (Society Santé en Français networks, representative organizations, community infrastructure) to circulate information on PHAC Atlantic and to mobilize ACAFCs;

iii. In each province, oganize a forum of Acadian and Francophone community agencies interested in population health promotion issues (every two or three years).

4.4 Suggested Methods for Contributing to the Development and Growth of ACAFCs

With regard to the question of how PHAC Atlantic can contribute to the development and growth of ACAFCs (and fulfill its obligations pursuant to section 41 of the *Official Languages Act*), there were almost as many answers as respondents. The three most frequent suggestions were the following:[10]

[9] For the complete list of answers, see Appendix 4.
[10] For the complete list of answers, see Appendix 4.

i. By granting more funding to ACAFCs to carry out projects, initiatives or events affecting public health;

ii. By being a leader in producing and distributing research on the health of ACAFCs;

iii. By approaching ACAFCs and developing programs adapted to their needs and realities.

4.5 Desired Roles of PHAC Atlantic from the Perspective of ACAFCs

ACAFCs respondents expressed a strong desire to connect with PHAC Atlantic. Questioned on the role they would like to see PHAC Atlantic play with ACAFCs, respondents gave a variety of answers summarized as follows:

- For PHAC Atlantic to be a solid and lasting partner in the development of community initiatives, not only by funding initiatives, but also by lending the expertise and support of its staff.
- For PHAC Atlantic to be a community facilitator that builds the capacities of ACAFCS on public health issues.
- For PHAC Atlantic to be a producer and distributor of knowledge and research on public health and health determinants so as to address a major shortcoming among ACAFCs.
- For PHAC Atlantic to be an initiator that implements programs that meet the needs expressed by ACAFCs.
- For PHAC Atlantic to raise awareness and be a public educator on public health issues, by increasing its visibility within ACAFCs.
- For PHAC Atlantic to be proactive in the promotion of its programs among ACAFCs.
- For PHAC Atlantic to assist the development of ACAFCs by supporting their efforts towards the optimal health of the population.
- For PHAC Atlantic to provide leverage to help organizations access the resources of other government and non-governmental organizations.
- For PHAC Atlantic to be a stable financial partner that supports projects and initiatives aimed at promoting public health in ACAFCs.
- For PHAC Atlantic to be innovative in its approach to ACAFCs by adopting an approach adapted and sensitive to ACAFC realities and PHAC Atlantic obligations towards ACAFCs.

V

Action Plan for Increasing the Vitality of ACAFCs (2007–2012)

The PHAC Atlantic five-year action plan to increase the vitality of ACAFCs is based on the following six strategic directions.

A. Awareness (in-house activities)

In-house training, orientation, awareness and communication activities to increase the awareness of PHAC Atlantic employees and senior management of linguistic duality, their obligations pursuant to the *Official Languages Act* and the needs of ACAFCs.

B. External consultations

The activities through which PHAC Atlantic consults ACAFCs to identify their needs and priorities and to explore opportunities for co-operation.

C. Communications

External communication activities to inform ACAFCs about the activities, programs and policies of PHAC Atlantic and to promote the bilingual nature of Canada.

D. Co-ordination and liaison

Co-ordination activities conducted by PHAC Atlantic with other federal, provincial or local departments, as well as non-governmental organizations.

E. Program and service funding and delivery

Activities regarding the implementation of programs and service delivery by PHAC Atlantic, the funding of ACAFC projects and the integration of the needs of ACAFCs into PHAC Atlantic's delivery of programs and services.

F. Accountability

Activities through which PHAC Atlantic incorporates in-house evaluations and audits to ensure the implementation of section 41 of the *Official Languages Act* and the current five-year action plan.

The objectives, primary outcomes, key activities planned and timetables for each of the strategic directions are presented in the following pages. We remind the reader that this action plan proposes measures to respond to the priorities expressed by ACAFCs in the course of interviews.

A. Awareness (In-House Activities)

Objective: To improve the knowledge of PHAC Atlantic employees and senior management of the issues, needs and challenges of Atlantic Canada's Acadian and Francophone Communities regarding population health promotion.

Primary Outcome		Key Activities Planned		Proposed Timetable
A.1	PHAC Atlantic employees are aware of their responsibilities under the *Official Languages Act*, specifically section 41, and understand the importance of promoting linguistic duality.	A.1.1	Conduct an awareness workshop for PHAC Atlantic employees at least once a year at an all-staff meeting.	March 2008 (annually, 2008–2012)
		A.1.2	Develop, make available to PHAC Atlantic employees and update an information kit (tool kit) that includes information on, and profiles of, ACAFCs (profiles of provinces and sub-regions within each province), their strategic development plans, the *Official Languages Act*, lists of contacts, agencies and ACAFC contacts, as well as appropriate reference documents, reports and studies.	March 2008 (ongoing, 2008–2012; regular updates)
		A.1.3	Familiarize all new PHAC Atlantic employees with ACAFCs Information Kit at the start of their employment.	March 2008 (ongoing, 2008–2012)
		A.1.4	Create a folder on ACAFCs on PHAC Atlantic's shared drive (network) that consolidates all the relevant information and tools, and ensure that it is updated.	March 2008 (ongoing, 2008–2012; regular updates)
A. 2	PHAC Atlantic employees are aware of the needs and priorities of ACAFCs and their sub-populations.	A.2.1	Conduct an awareness workshop for PHAC Atlantic employees at least once a year at an all-staff meeting, and invite ACAFC organizations to help organize and lead, as required.	March 2008 (annually, 2008–2012)
		A.2.2	Invite the member organizations of the Société Santé en français network of each province (Réseau Santé en français de Terre-Neuve-et-Labrador, PEI French Language Health Services Network, Réseau Santé Nouvelle-Écosse and Société Santé et mieux-être en français du Nouveau-Brunswick) to give a presentation to PHAC Atlantic employees at an all-staff meeting.	March 2008 (ongoing, 2008–2012)

Primary Outcome		Key Activities Planned		Proposed Timetable
		A.2.3	Subscribe to French-language weekly newspapers (*Le Gaboteur* in Newfoundland and Labrador, *La Voix Acadienne* in Prince Edward Island, *Le Courrier de la Nouvelle-Écosse*) and the New Brunswick daily *L'Acadie Nouvelle*, as well as local and regional French-language newspapers in New Brunswick (eg, the *Saint-Jeannois* in Saint John, *L'Info-Lien* in Fredericton, *L'Aviron* in Restigouche, *Le Madawaska* in the northwest, *L'Hebdo Chaleur* in Chaleur and *Le Moniteur* in the southeast).	Dec. 2007 (annually, 2007–2012)
		A.2.4	Meet annually with the persons responsible for implementing the Acadian and Francophone strategic development plan in each province in order to become familiar with existing ACAFC plans, including any updates.	March 2008 (annually, 2008–2012)
		A.2.5	Continue the work of the Regional Official Languages Steering Committee (ROLSC) within PHAC Atlantic to ensure that the action plan is implemented and tracked, and to co-ordinate events that raise employees' awareness of the needs and challenges of ACAFCs.	March 2012 (ongoing, 2007–2012)
		A.2.6	Integrate into the ROLSC mandate responsibilities for OL and ACAFC awareness and promotional activities within PHAC Atlantic.	March 2008
		A.2.7	Invite ACAFC personnel to act as ACAFC ambassadors within PHAC Atlantic.	March 2008
		A.2.8	Subscribe to the e-newsletters of community organizations and ACAFCs dealing with population health promotion issues.	2007–2012 (ongoing)
A.3	PHAC Atlantic employees are familiar with, and have an appreciation of, the contents of the action plan and the reality faced by ACAFCs.	A.3.1	Organize a meeting with PHAC Atlantic employees to inform them of the rationale, objectives and content of the action plan.	Nov. 2007
		A.3.2	Encourage PHAC Atlantic employees to contribute to the implementation of the action plan in accordance with the guidelines defined by senior management.	2007–2012 (ongoing)

B. External Consultations

Objective: To provide sustained and ongoing co-operation with Atlantic Canada's Acadian and Francophone community organizations working on population health promotion.

Primary Outcome		Key Activities Planned		Proposed Timetable
B.1	ACAFCs are aware of the programs and services provided by PHAC Atlantic.	B.1.1	Attend annual meetings of member organizations of the Société Santé en français network in each province (Réseau Santé en français de Terre-Neuve-et-Labrador, PEI French Language Health Services Network, Réseau Santé Nouvelle-Écosse and Société Santé et mieux-être en français du Nouveau-Brunswick) in order to know their priorities.	2007–2012 (annually)
		B.1.2	Communicate regularly with the various partners in each province, in particular the members of the Société Santé en français network, as well as organizations representing Acadian and Francophone communities (Fédération des francophones de Terre-Neuve-et-Labrador, Société Saint-Thomas-d'Aquin, Fédération acadienne de la Nouvelle-Écosse and Société des Acadiens et des Acadiennes du Nouveau-Brunswick) to disseminate information on PHAC Atlantic programs and services.	2007–2012 (ongoing, 2007–2012)
		B.1.3	Establish and update a list of ACAFC organizations working in the health field, validated by member organizations of the Société Santé en français network and women's organizations in the four Atlantic provinces.	March 2008 (ongoing, 2008–2012; regular updates)
		B.1.4	Make initial in-person contact with organizations that are current and potential partners of ACAFCs in all Atlantic Acadian and Francophone regions.	Dec. 2008
B.2	ACAFCs have the opportunity to promote their needs and priorities to PHAC Atlantic.	B.2.1	Participate in activities and events organized by member organizations of the Société Santé en français network of each province.	2007–2012 (ongoing)
		B.2.2	Communicate and meet in person with ACAFC stakeholders in population health in each province to become more familiar with their emerging issues and priorities.	2007–2012 (ongoing)

Primary Outcome		Key Activities Planned		Proposed Timetable
		B.2.3	Become familiar with the strategic plans of various ACAFC community organizations (including any updates) in order to understand their health promotion priorities.	Dec. 2008 (ongoing, 2008–2012)
		B.2.4	Designate a main contact for official languages in PHAC Atlantic who has a good understanding of ACAFC issues and is responsible for liaising with them.	Oct. 2007
		B.2.5	In conjunction with Acadian and Francophone community organizations, identify ACAFC "champions" from the various population segments (representing the interests of children, women, seniors and youth, for example) and the various Atlantic regions who could act as advisers or a feedback group for PHAC Atlantic.	March 2008
B.3	All new PHAC Atlantic programs, policies or initiatives take into account the priorities identified by ACAFCs.	B.3.1	Consult with ACAFCs or their representative organizations when developing or implementing a program or policy.	2007–2012 (ongoing)
		B.3.2	Ensure that senior managers responsible for drafting policies and programs at PHAC (Ottawa) are aware of ACAFC needs and of the Section 41 "lens," to be used in their development work.	2007–2012 (ongoing)

C. COMMUNICATIONS

Objective: To enhance communication between PHAC Atlantic and Atlantic Canada's Acadian and Francophone Communities.

Primary Outcome		Key Activities Planned		Proposed Timetable
C.1	ACAFCs receive updated information on PHAC Atlantic programs and services through various means of communication.	C.1.1	Together with ACAFCs, develop a communications plan for the Acadian and Francophone communities of each province.	March 2008
		C.1.2	For each PHAC Atlantic program, create an up-to-date distribution list (e-mailing and traditional mailing) that includes contact information for all Acadian and Francophone organizations working in the population health promotion field, and that has been validated by the member partners of the Société Santé en français network of each province and by Francophone women's organizations.	March 2008 (ongoing, 2008–2012; regular updates)
		C.1.3	Regularly update the PHAC Atlantic Web site to highlight the Agency's initiatives and resources relating to ACAFCs and their accomplishments, in particular success stories, and inform ACAFCs of any changes to the Web site (via a distribution list).	March 2008 (ongoing, 2008–2012; regular updates)
C.2	PHAC Atlantic systematically uses existing ACAFC networks to communicate with organizations representing ACAFCs.	C.2.1	Regularly communicate with members of the Société Santé en français network, organizations representing Acadian and Francophone communities, provincial round tables and current health promotion partners of PHAC Atlantic, and use these existing networks to establish links with ACAFCs.	2007–2012 (ongoing)
C.3	ACAFCs are able to obtain information on PHAC Atlantic programs and services in a language that is both accessible and adapted to their needs.	C.3.1	Explore potential mechanisms to create a bank of translators and revisers capable of writing clear, plain French that is accessible to ACAFCs.	March 2008

Primary Outcome		Key Activities Planned		Proposed Timetable
		C.3.2	Explore potential mechanisms for establishing a committee or bank of readers composed of ACAFC members and PHAC Atlantic employees who are proficient in French in order to validate the revision work and translations for Acadian and Francophone communities.	March 2008
		C.3.3	Develop French-language materials, skills and resources (not just translations) with the co-operation of clear communication and plain language experts.	2007–2012 (ongoing)
C.4	ACAFCs have access to events planned and held to help their communities grow.	C.4.1	Post PHAC Atlantic action plan on the PHAC Atlantic Web site.	Oct. 2007
		C.4.2	Prepare an annual status report on the PHAC Atlantic action plan and post it on the PHAC Atlantic Web site.	June 2008 (annually, 2008–2012)
		C.4.3	Disseminate advertisements and submit press releases and notices to French-language weeklies (*Le Gaboteur* in Newfoundland and Labrador, *La Voix Acadienne* in Prince Edward Island, *Le Courrier de la Nouvelle-Écosse*) and the New Brunswick daily *L'Acadie Nouvelle*, as well as in local and regional newspapers servicing ACAFCs.	March 2009 (ongoing, 2009–2012)
		C.4.4	Disseminate advertisements and submit news releases and notices to French-language community radio stations and television networks in Atlantic Canada.	March 2009 (ongoing, 2009–2012)
		C.4.5	Provide ACAFCs and their representative organizations with pertinent information, details on important events, announcements, releases, reports, studies, etc, dealing with health determinants and ACAFCs on a regular basis via e-mail, or by mail if required (intelligence activities).	March 2008 (ongoing, 2008–2012)

D. Co-ordination and Liaison

Objective: To strengthen collaboration with other government and non-governmental bodies interested in population health promotion and the development of Atlantic Canada's Acadian and Francophone Communities.

Primary Outcome		Key Activities Planned		Proposed Timetable
D.1	PHAC Atlantic has a main contact assigned to the Official Languages portfolio who liaises with his/her counterparts in other departments and agencies who are responsible for the implementation of section 41 of the *Official Languages Act*.	D.1.1	Appoint one person in PHAC Atlantic who is knowledgeable about the realities faced by Acadian and Francophone communities to liaise with said communities.	October 2007
		D.1.2	Participate in meetings and share information with the persons responsible for the implementation of section 41 in other federal departments or agencies.	2007–2012 (ongoing)
		D.1.3	Regularly exchange information with the person responsible for co-ordinating section 41 at PHAC HQ to promote ACAFC needs and priorities.	2007–2012 (ongoing)
		D.1.4	Participate in the official languages subcommittees of the Federal Councils, Atlantic Region.	2007–2012 (ongoing)
D.2	PHAC Atlantic integrates official languages best practices from other federal departments and agencies.	D.2.1	Identify and integrate the best practices used in other PHAC regional offices and other federal departments and agencies, such as the Treasury Board, the Office of the Commissioner of Official Languages, the Canada Public Service Agency, Canadian Heritage, Health Canada, Status of Women Canada and Service Canada.	March 2009 (ongoing, 2009–2012)
D.3	PHAC Atlantic co-operates with provincial governments to respond to ACAFC priorities.	D.3.1	Regularly communicate with the four provincial governments, in particular the Acadian and Francophone Affairs divisions and officials responsible for French-language population health promotion.	2007–2012 (ongoing)
		D.3.2	Work together with provincial governments to increase co-operation and promote the alignment of the plans, studies, initiatives and activities of both levels of government regarding the population health promotion of ACAFCs.	2007–2012 (ongoing)

Primary Outcome		Key Activities Planned		Proposed Timetable
D.4	PHAC Atlantic participates in provincial, regional and national meetings on the health promotion of official language minority populations.	D.4.1	Participate in the annual meeting (national) of the Société Santé en français.	March 2008 (annually, 2008–2012)
		D.4.2	Participate in forums, events or meetings organized by ACAFC organizations regarding population health issues and health determinants.	2007–2012 (ongoing)
		D.4.3	In each province, organize a triennial provincial forum with the provincial Santé en français network(s) that brings together population health promotion field officers, representatives of ACAFCs, official languages champions, PHAC Atlantic and Health Canada Atlantic Region senior management, as well as officials from other levels of government.	March 2010

E. Program and Service Funding and Delivery

Objective: To enhance the ability of Atlantic Canada's Acadian and Francophone Communities to promote population health.

Primary Outcome		Key Activities Planned		Proposed Timetable
E.1	PHAC Atlantic uses the available funding processes to promote the development and growth of ACAFCs, as stipulated by section 41 of the *Official Languages Act*..	E.1.1	Make an active offer in French of all PHAC Atlantic programs and services, including those funded from grants and contributions programs and those funded from PHAC Atlantic's operating budget.	2007–2012 (ongoing)
		E.1.2	Provide written materials on PHAC Atlantic programs and services in clear, plain and accessible French.	2007–2012 (ongoing)
		E.1.3	Explore new opportunities for strategic work, partnerships and joint ventures with ACAFCs, for example, by organizing health promotion forums, focus groups, workshops or other events.	2007–2012 (ongoing)
		E.1.4	Review funding applications in the original language so as to avoid having them translated; this assumes that reviewers have the language skills required to fully understand the texts submitted in French.	March 2008 (ongoing, 2008–2012)
E.2	ACAFCs submit appropriate funding requests that comply with PHAC Atlantic's criteria and increase the number of projects funded.	E.2.1	Help ACAFC organizations to identify appropriate funding programs.	2007–2012 (ongoing)
		E.2.2	Provide ACAFC organizations with advice and support by helping them increase their participation in PHAC Atlantic's funding application process.	2007–2012 (ongoing)
		E.2.3	Explore the option of setting aside a portion of the funds of each PHAC Atlantic program for a three-year trial period for initiatives benefiting Acadian and Francophone communities.	2009–2012 (ongoing, 2009–2012)
		E.2.4	Ensure that ACAFC representatives sit on proposal review committees and that the committee meetings are bilingual.	March 2008 (ongoing, 2008–2012)

Primary Outcome		Key Activities Planned		Proposed Timetable
E.3	PHAC Atlantic considers the geographic dispersion of ACAFCs when delivering programs and services, and promotes access to remote communities.	E.3.1	Physically tour the various ACAFCs in the four provinces to meet with officials and observe the reality in the field every two years.	December 2009 (biannual, 2009–2011)
		E.3.2	Tailor the dissemination of information to rural ACAFCs with limited Internet access.	March 2008 (ongoing, 2008–2012)
		E.3.3	With Service Canada, explore the possibility of disseminating information on PHAC Atlantic via its single-window service centres and call centre servicing rural and remote communities.	March 2009 (ongoing, 2009–2012)
		E.3.4	Identify and respond to the specific needs of minority Acadians and Francophones living in urban centres in Atlantic Canada.	2007–2012 (ongoing)
E.4	PHAC Atlantic takes positive action to increase and enhance knowledge of ACAFCs' health status in order to better identify health promotion and illness prevention needs.	E.4.1	Promote and disseminate research and knowledge development on the health status and health determinants in relation to Acadian and Francophone communities, especially in partnership with Statistics Canada (census and survey information), the Canadian Institute for Health Information, the Canadian Institutes of Health Research, the Société Santé en français, the Consortium national de formation en santé, ACAFCs, and any institute or research centre in Atlantic Canada (eg, Canadian Institute for Research on Public Policy and Public Administration, Canadian Institute for Research on Linguistic Minorities, Atlantic Health Promotion Research Centre, Newfoundland and Labrador Centre for Health Information, Canadian Research Institute for Social Policy, National Collaborating Centre for Determinants of Health).	2007–2012 (ongoing)
		E.4.2	Identify and disseminate best practices in the health promotion of minority language populations living elsewhere in the country.	March 2008 (ongoing, 2008–2012)

Primary Outcome	Key Activities Planned		Proposed Timetable
	E.4.3	Ensure that ACAFCs have better access to research results in the fields of population health and health determinants.	2007–2012 (ongoing)
	E.4.4	Initiate exploratory talks with government and non-governmental partners on creating a national Centre of Excellence in Atlantic Canada for the health of Acadian and Francophone minority communities in rural and urban areas.	March 2009 (ongoing, 2009–2012)
	E.4.5	Support research development in Acadian and Francophone organizations conducting research in population health promotion (financial, human and material resources support, etc).	2007–2012 (ongoing)
	E.4.6	Share research on the needs and specificities of ACAFC with PHAC senior management to help shape the PHAC policy and program development process.	2007–2012 (ongoing)
	E.4.7	Inform ACAFCs of funds available to conduct research in population health.	2007–2012 (ongoing)
	E.4.8	Promote and support research that considers the various segments that make up ACAFCs, in particular gender, age and rural/urban analyses.	2007–2012 (ongoing)
	E.4.9	Raise the awareness of government and non-governmental research partners about the importance of including the language dimension (distinction between Francophones and Anglophones) in all population health studies in Atlantic Canada.	2007–2012 (ongoing)

F. Accountability

Objective: To implement a process and assessment tools to accurately measure PHAC Atlantic's performance in relation to the action plan.

Primary Outcome		Key Activities Planned		Proposed Timetable
F.1	PHAC Atlantic conducts systematic and regular internal evaluations and audits that include elements and criteria to help determine how its policies, programs and services impact on the development of ACAFCs.	F.1.1	Implement the assessment framework that supports the five-year action plan.	March 2008 (ongoing, 2008–2012)
		F.1.2	Conduct a mid-term survey of organizations working in ACAFCs on population health promotion.	December 2010
		F.1.3	Prepare an annual status report on the PHAC Atlantic action plan and include it on the agenda of the all-staff annual meeting.	March 2008 (annually, 2008–2012)
		F.1.4	Annually share PHAC Atlantic achievements on the action plan with the PHAC national Official Languages champions, as well as with ACAFC officials and Société Santé en français networks.	March 2008 (annually, 2008–2012)
		F.1.5	Prepare a final status report and strategy to publicize PHAC Atlantic achievements related to its action plan.	March 2012
F.2	An annual report is compiled to measure the level of investment in ACAFCs.	F.2.1	Annually compile data on the number of projects requested by ACAFC organizations, the number and financial value of funded projects, as well as related percentages.	March 2008 (annually, 2008–2012)
		F.2.2	Compile the results of ACAFC-focussed projects that are funded by PHAC Atlantic and include them in the annual status report on the PHAC Atlantic action plan.	March 2008 (annually, 2008–2012)

Appendix 1
Companion Document and Survey Questionnaire

Consultation with Atlantic Canada's Acadian and Francophone Communities (ACAFCs) on behalf of the Public Health Agency of Canada, Atlantic Region (PHAC Atlantic)

Thank you for giving us an hour of your time to answer some questions. Your answers will help the Public Health Agency of Canada, Atlantic Region to develop an action plan to support the development and growth of Atlantic Canada's Acadian and Francophone Communities.

Your answers will be kept confidential: this means that we will not be reporting what a particular person may have said.

The purpose of this document is to familiarize you with the activities of the regional office of the Public Health Agency of Canada, the objectives of this consultation and the questions we are interested in exploring.

1. What is the Public Health Agency of Canada, Atlantic Region?

The Public Health Agency of Canada, which reports directly to Canada's Minister of Health, is responsible for federal activities concerning public health in general, the promotion of health and population health, including the improvement of community health, prevention and control of infectious and chronic disease, and injury prevention.

The regional office of the Public Health Agency of Canada, Atlantic Region (PHAC Atlantic) undertakes a broad range of activities to improve conditions for everyone in Prince Edward Island, New Brunswick, Nova Scotia and Newfoundland and Labrador, including marginalized populations.

Its goal is to help maintain and improve the health of Atlantic Canadians by influencing healthy public policies and programs that address priority public health issues and populations. The PHAC manages national funding programs within the region, each of which, in turn, sponsors local and province-wide community projects (described further on). Its policies and programs are developed within a population health framework, guided by the concept of social and economic inclusion.

The common thread that binds its activities together is reflected in the mission of the Public Health Agency of Canada: to enable Canadians to take action on their health and the factors that influence it. In the Atlantic Region, the PHAC maintains a commitment to involve the public in program and policy development through partnerships and public education initiatives and by facilitating capacity building in urban and rural communities.

Working with both federal and provincial departments and non-profit organizations both inside and outside the health sector, PHAC Atlantic plays an important role in the following three key areas:

- ***Community capacity building***

  At every stage of its planning, PHAC Atlantic strives to help voluntary, non-profit and non-governmental organizations increase their capacity to act on the determinants of health. Various funding programs administered by PHAC Atlantic are designed to help groups and organizations improve on their own ability to determine, appraise, examine and act on the health concerns most relevant to their members (the seven funding programs managed by PHAC Atlantic are described below).

  Community capacity building encompasses several important guiding principles, including participation and involvement, supportive environments, community-based knowledge development, leadership, resource mobilization and collaboration.

- ***Knowledge development***

  PHAC Atlantic contributes to knowledge development by publishing various documents, such as research findings, discussion papers, environmental scans, synthesis reports, program evaluations and literature reviews. These resources help its community partners and other stakeholders increase their understanding of key health issues and how best to address them. PHAC Atlantic publications are aimed at a broad audience, including community organizations, various levels of government and academic institutions.

- ***Intersectoral collaboration***

  PHAC Atlantic is committed to promoting intersectoral collaboration to address the determinants of health. Such collaboration occurs on many levels and requires a commitment to creating and supporting intersectoral working groups. Key partners include various levels of government, universities, research centres and community organizations, as well as linguistic and cultural communities throughout the region.

  PHAC Atlantic also works closely with the four provincial governments in Atlantic Canada to ensure that federally funded programs complement provincial priorities. Its staff also represent the Agency on many federal–provincial working groups. PHAC Atlantic periodically funds and organizes workshops or conferences to bring together stakeholders from various sectors to examine a priority health issue, its overall aim being to help increase capacity among all sectors to work collaboratively on issues relating to population health.

2. Background and Objectives of the Consultation

In reviewing the Official Languages Act (OLA) in November 2005, the Canadian Parliament gave all federal institutions, through section 41, the responsibility of taking "positive measures" to support official language minority community (OLMC) development and to foster linguistic duality in Canadian society. Bill S-3 also set out the mandatory nature of section 41 of the OLA. Each federal department or agency must state in its action plan the positive measures it intends to take to participate in the development and vitality of OLMCs. The action plans are developed after

consultation with OLMCs to identify their particular needs with regard to the federal departments' respective mandates.

The Canadian Institute for Research on Public Policy and Public Administration (the Institute) was mandated by PHAC Atlantic to consult Atlantic Canada's Acadian and Francophone Communities to develop a five-year action plan (2007–2012) in support of their development and growth that is complete, strategic, innovative, multidimensional, executable and appraisable. The action plan will be used to, one, guide PHAC Atlantic, as part of its public health mandate, in its efforts to create connections between its various sectors of responsibility and ACAFC priorities; two, strengthen longstanding relationships with ACAFCs; and, three, create new relationships with new stakeholders concerned with the health of ACAFCs.

The Institute is therefore consulting with key stakeholders of the Acadian and Francophone communities of the four Atlantic provinces, as well as with other relevant stakeholders (federal and provincial public servants for example), through one-on-one interviews. The interviews will make it possible to identify the public health priorities of Acadian and Francophone communities and to draw attention to the main issues and challenges faced by both PHAC Atlantic and ACAFCs.

3. Overview of PHAC Atlantic's Programs and Activities

To guide stakeholders in their answers, it is useful to present the PHAC's various programs and activities in the Atlantic Region.

i) ***Aboriginal Head Start (AHS)*** is an early intervention funding program for Aboriginal children and their families residing in urban and northern communities. The program helps meet the needs of off-reserve Aboriginal children and fosters their spiritual, emotional, intellectual and physical growth.

ii) The ***AIDS Community Action Program (ACAP)*** provides operational and regional project funding to community-based AIDS organizations in four program areas: 1) prevention, 2) creating supportive environments for those infected with and affected by HIV/AIDS, 3) strengthening community-based organizations, and 4) health promotion for people living with HIV/AIDS.

iii) The ***Canada Prenatal Nutrition Program (CPNP)*** is a funding program designed to help community groups provide support for pregnant women. Priority participants include pregnant adolescents, women with low incomes, and those who are socially or geographically isolated. Groups provide referrals, education, social support, food supplementation, and nutrition and lifestyle counselling.

iv) The ***Community Action Program for Children (CAPC)*** provides long-term funding for community groups to deliver programs that address the health and social development of children from birth to age 6. Priority populations include the parents and caregivers of young children who face a number of challenges, including teen parenting, low literacy or income levels, health issues, and social or geographic isolation.

v) The ***Diabetes Prevention and Promotion Contribution Program (PPCP)*** provides funding for community organizations actively involved in work that contributes to preventing type 2 diabetes.

vi) The ***Hepatitis C Disease Prevention, Community-Based Support and Research Program*** strives to increase awareness, promote prevention behaviours, expand research and increase the government's capacity to respond to this health threat. On a regional level, the key priority is to support community capacity to provide prevention programming for those who are at high risk of becoming infected with hepatitis C and to support programs for persons infected with or affected by hepatitis C.

vii) The ***Population Health Fund (PHF)*** helps a range of organizations increase their capacity to address public policies that affect health. The Fund seeks to 1) develop, implement, evaluate and disseminate models for applying the population health approach; 2) increase the knowledge base for future program and policy development; and 3) increase partnerships and develop intersectoral collaboration.

4. Questions

In the context of the above programs and activities, the purpose of the consultation is to survey individuals and organizations working in Atlantic Canada's Acadian and Francophone Communities in order to identify their needs and the challenges they face in terms of public health. PHAC Atlantic is seeking answers to the following questions.

1. Which Acadian and Francophone communities does your organization provide services for? (Which geographic area? Which clientele or target group, if appropriate?)

2. From your perspective, what are the main public health **needs** of the Acadian and Francophone communities that your organization provides services for (in order of priority)?

2 (a) At the provincial level, what are the main public health **needs** of the Acadian and Francophone communities that your organization provides services for (in order of priority)?

3. From your perspective, what are the main public health **challenges** faced by the Acadian and Francophone communities that your organization provides services for (in order of priority)?

3 (a) At the provincial level, what are the main public health **challenges** faced by the Acadian and Francophone communities that your organization provides services for (in order of priority)?

4. What type of contact have you had and/or in what way have you co-operated with PHAC Atlantic in the last five years? Did your organization receive funding from PHAC Atlantic?

5. Are you satisfied with the quality of services delivered in French by PHAC Atlantic and your general relationship with PHAC Atlantic? Please explain.

6. Of the seven PHAC Atlantic programs listed below (and described above), on a scale of 1 (weak commitment) to 6 (strong commitment), evaluate to what extent each one is adapted to the cultural particularities of Acadian and Francophone communities by circling the appropriate figure. Explain your evaluation.

a) Population Health Fund	1 2 3 4 5 6 N/A
b) Canada Prenatal Nutrition Program	1 2 3 4 5 6 N/A
c) Community Action Program for Children	1 2 3 4 5 6 N/A
d) AIDS Community Action Program	1 2 3 4 5 6 N/A
e) Diabetes Prevention and Promotion Contribution Program	1 2 3 4 5 6 N/A
f) Hepatitis C Disease Prevention, Community-Based Support and Research Program	1 2 3 4 5 6 N/A
g) Aboriginal Head Start	1 2 3 4 5 6 N/A

7. Do PHAC Atlantic programs and services meet the needs and particularities of Acadian and Francophone communities? Explain.

8. Does PHAC Atlantic regularly consult your organization to identify its needs? Explain.

9. Does PHAC Atlantic regularly consult your organization about decisions affecting policies, programs and the delivery of services? Provide details.

10. How could PHAC Atlantic consult Acadian and Francophone communities to effectively identify their needs and priorities? By which means and how often should it do so?

10 (a) Which consultation mechanisms would you suggest to help PHAC Atlantic keep abreast of the public health issues affecting Acadian and Francophone communities?

11. How can PHAC Atlantic contribute to the development and growth of Acadian and Francophone communities?

12. What role would you like PHAC Atlantic to play in Acadian and Francophone communities?

13. Are there any public health projects, events, initiatives or activities in your community or the Atlantic Region as a whole in which PHAC Atlantic could participate or to which it could contribute in some manner?

Thank you!

Appendix 2
List of Organizations Consulted by Province

Newfoundland and Labrador	Nova Scotia
1. Fédération des parents francophones de TNL 2. Association communautaire francophone de Saint-Jean 3. Conseil scolaire francophone provincial de TNL 4. Association régionale de la Côte-Ouest 5. Association francophone du Labrador 6. Franco-jeunes de TNL 7. Office of French Services (OFS), Government of Newfoundland and Labrador 8. Canadian Heritage	1. Réseau santé Nouvelle-Écosse 2. Nova Scotia Department of Health 3. Regroupement des aînées et aînés francophones de la NÉ 4. Fédération acadienne de la NÉ 5. Fédération des femmes acadiennes de la NÉ 6. Conseil communautaire du Grand-Havre 7. Sacred Heart Community Health Centre, Chéticamp 8. Société acadienne Sainte-Croix 9. Conseil jeunesse provincial de la NÉ 10. Équipe d'alphabétisation NÉ 11. Centre provincial de ressources préscolaires
Prince Edward Island	**New Brunswick**
1. PEI French Language Health Services Network (PEIFLHSN) 2. PEI Ministry of Health 3. PEI Acadian and Francophone Affairs Division 4. Canadian Heritage 5. Société Saint-Thomas d'Aquin 6. Fédération des parents de l'IPÉ 7. La Coopérative Chez-Nous Ltée 8. Association des femmes acadiennes et francophones de l'IPÉ 9. Société éducative de l'IPÉ 10. Jeunesse Acadienne 11. Commission scolaire de langue française de l'IPÉ 12. Conseil communautaire du Carrefour de l'Isle-Saint-Jean 13. Evangeline Community Health Centre 14. Coalition action pour enfants (CAP) 15. Francophones de l'âge d'or de l'IPÉ	1. Société santé et mieux-être en français du NB (SSMEFNB) Réseau-action organisation des services 2. SSMEFNB Réseau-action formation et recherche 3. SSMEFNB Réseau-action communautaire / Mouvement acadien des communautés en santé du NB 4. NB Department of Intergovernmental Affairs 5. Société des Acadiens et des Acadiennes du NB 6. Kent Family Resource Centre 7. Association francophone des parents du NB 8. Association acadienne et francophone des aînées et aînés du NB 9. Conseil communautaire Beausoleil 10. Centre de bénévolat de la Péninsule acadienne 11. Fédération des jeunes francophones du NB 12. Réseau communauté en santé Bathurst 13. Centre communautaire Samuel-de-Champlain 14. Centre communautaire Sainte-Anne 15. Fédération d'alphabétisation du NB 16. Bathurst Sexual Health Centre 17. Common Front for Social Justice 18. Faculty of Education (University of Moncton) 19. School of Food Science, Nutrition and Family Studies (University of Moncton) 20. Centre de prévention de la violence familiale de Kent 21. Collectivité ingénieuse de la Péninsule acadienne 22. Université du troisième âge (Grand Falls) 23. Université du troisième âge (Fredericton) 24. Go Ahead Seniors/Aîné(e)s en marche 25. Madawaska/Victoria Family Resource Centre 26. Acadian Peninsula Family Resource Centre 27. Greater Moncton Family Resource Centre 28. A Family Place/Cercle familial 29. Chaleur Resource Centre for Parents 30. Restigouche Resource Centre for Parents 31. Healthy Baby and Me

Appendix 3
Key Determinants of Health

According to Health Canada, there are 12 key determinants of health.

1. Income and social status
2. Social support networks
3. Education and literacy
4. Employment and working conditions
5. Social environment
6. Physical environment
7. Personal health practices and coping skills
8. Early childhood development
9. Biology and genetic endowment
10. Health services
11. Gender
12. Culture

Source: *Toward a Healthy Future: Second Report on the Health of Canadians*. Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health for the Meeting of Ministers of Health, Charlottetown, PEI, September 1999.

Appendix 4
Complete List of Some Answers to the Survey Questionnaire, by Province[11]

❖ **How could PHAC Atlantic consult Acadian and Francophone communities to effectively identify their needs and priorities?**

a) Newfoundland and Labrador

- Organize a provincial forum (3)
- Use the organizations, networks and structures already in place (3)
- Survey organizations (2)
- Organize public consultations in communities (1)
- Regularly communicate with organizations by e-mail (1)
- Attend community organizations' annual general meetings (1)

b) Prince Edward Island

- Use the organizations, networks and structures already in place (5)
- Hold one-on-one meetings with community stakeholders (5)
- Familiarize itself with the *Plan Vision*, a strategic development plan for the province's Acadian and Francophone communities (*plan de développement global*) (2)
- Organize a provincial forum (2)
- Organize regional forums (1)
- Adapt the spoken and written language used to each region's reality (1)
- Increase PHAC Atlantic's visibility in communities (1)

c) Nova Scotia

- Use the organizations, networks and structures already in place (5)
- Appoint a liaison officer/co-ordinator/contact person for services in French at PHAC Atlantic (4)
- Meet with organizations in person, in the field (4)
- Organize a provincial forum (3)
- Organize public meetings in communities (2)
- Conduct one-on-one interviews with organizations' representatives (1)
- Send information on programs and services (brochures) to organizations (1)
- Invite community organizations to give presentations to PHAC Atlantic employees
- Sit on the board of directors of the provincial Réseau santé en français (1)

[11] Some respondents may have given more than one answer to each question. The figure in parentheses indicates the number of times the response was given.

d) New Brunswick

- Organize a provincial forum (12)
- Use the organizations, networks and structures already in place (9)
- Meet with organizations' representatives in person, in the field (9)
- Organize regional focus groups (or round tables) to hear from communities (6)
- Conduct surveys on communities' needs (2)
- Inform organizations by e-mail, using distribution lists (2)
- Attend events organized by community organizations (2)
- Organize meetings/public consultations in communities (2)
- Hire employees who know the Acadian and Francophone communities (1)
- Adopt a proactive, rather than a reactive, approach; visit communities (1)
- Organize public hearings (1)
- Visit schools and school community centres (1)
- Post upcoming events and news on the PHAC Atlantic Web site (1)
- Publish and disseminate reports and press releases through local media
- Organize an Atlantic forum (1)
- Create an Acadian and Francophone communities advisory committee to advise PHAC Atlantic (1)
- Appoint champions for various groups, such as youth, infants and seniors (1)
- Evaluate organizations who have applied for funding (1)

❖ **How can PHAC Atlantic contribute to the development and growth of Acadian and Francophone communities?**

a) Newfoundland and Labrador

- By listening more to the challenges and needs expressed by main stakeholders (1)
- By introducing a pilot project to identify the needs of Acadian and Francophone communities (1)
- By promoting itself and increasing its visibility (1)
- By co-operating with hospitals in the hiring of bilingual employees (1)
- By supporting the provincial Réseau santé en français (1)
- By going directly to the communities (3)
- By appointing a spokesperson for the province's Francophone community to liaise with PHAC Atlantic (1)
- By providing community organizations with financial resources (1)
- By recognizing the difficulties arising from the remoteness and isolation of Francophone communities (1)

b) Prince Edward Island

- By providing community organizations with more financial resources (5)
- By fostering research on the health of Acadian and Francophone communities (3)
- By making itself better known in communities, by becoming closer to communities (3)
- By familiarizing itself with the *Plan Vision*, a strategic development plan for the province's Acadian and Francophone communities (*plan de développement global*) (2)

- By working more closely with the provincial Réseau santé en français and other existing structures (2)
- By sharing other organizations' success stories (1)
- By consulting with communities before developing programs (1)
- By providing resources to create a five-year plan aimed at improving the health of Francophone Islanders (1)
- By consulting more frequently with communities on their needs (1)
- By simplifying the funding process (1)

c) Nova Scotia

- By providing community organizations with more financial resources (4)
- By meeting with organizations in the field to find out their needs (3)
- By equipping community stakeholders with French-language resources (3)
- By actively offering all services in French (2)
- By making itself better known in communities, by becoming more visible (3)
- By developing specific health programs for Acadian communities (2)
- By testing written French-language material with organizations to evaluate how easy it is to understand (1)
- By involving Acadian communities in the development of PHAC Atlantic's strategic plan (1)
- By appointing a resource person to be in charge of relations with Francophone communities (1)
- By co-operating more closely with community representatives (1)
- By developing a sense of pride in the French language within PHAC Atlantic (1)
- By fostering pan-Atlantic initiatives (1)
- By adopting different strategies to reach both rural and urban communities (1)
- By demonstrating a willingness to work with partners and community organizations (1)
- By respecting provincial and regional realities and specificities (1)

d) New Brunswick

- By providing community organizations with more financial resources (13)
- By incorporating the needs expressed by Acadian and Francophone communities in its work (4)
- By fostering research on the health of Acadians and Francophones (3)
- By co-operating with community organizations (3)
- By creating long-term, rather than ad-hoc, projects (2)
- By going to the communities, in the field (2)
- By building trust between PHAC Atlantic and Acadian organizations (2)
- By creating a specific program for Acadians and Francophones (2)
- By becoming closer to communities, by promoting itself (2)
- By decentralizing PHAC Atlantic's offices (2)
- By creating a division dedicated to Francophone affairs (2)
- By supporting local, community-organized activities and initiatives (2)
- By simplifying the funding application process (2)
- By maintaining a healthy dialogue with communities (1)
- By providing training to help organizations prepare funding applications (1)
- By offering all its services in French (1)

- By helping organizations to raise public awareness of prevention and of the importance of promoting health (1)
- By fostering co-operation between Francophone and Anglophone organizations (1)
- By establishing a networking committee so that organizations can meet for discussions with PHAC Atlantic (1)
- By ensuring that its employees are familiar with the reality of Acadian and Francophone communities (1)
- By adapting the language used in written material to communities' abilities (1)
- By creating a research centre on health determinants of OLMCs (1)
- By promoting an individual and collective sense of responsibility for health (1)